

Candidate Intention

Type or Print in Ink

CANDIDATE INTENTION

Check One: ☒ Initial ☐ Amendment ☐ TerminationCALIFORNIA
1991 FORM**501**

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

GRIFFITH, JAMES EDWARD

ADDRESS: (NO. AND STREET)

1020 Bradford Circle

AREA CODE/DAYTIME PHONE

(209) 339-8533

CITY

Lodi

STATE
CA

ZIP CODE

95240

II Specific Office Sought

SPECIFIC OFFICE:

Member of the City Council

DISTRICT NUMBER

DATE OF ELECTION

Nov. 3, 1992

PUBLIC AGENCY NAME:

City of Lodi

JURISDICTION AND LOCATION:

☐ State☐ County of: _____☒ City of: Lodi☐ Multi-County Jurisdiction: _____**III Certification**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/20/92
DATEAt Lodi, CA
CITY AND STATEBy _____
SIGNATURE OF CANDIDATEFOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT
91 60506

State of California Fair Political Practices Commission.

Campaign Bank Account

Type or Print in Ink

CAMPAIGN BANK ACCT.

Check One: ☒ Initial ☐ Amendment ☐ TerminationCALIFORNIA
1991 FORM**502**

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CA

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95240

SPECIFIC OFFICE SOUGHT:

Member of the City Council

DATE OF ELECTION

Nov. 3, 1992

II Account Information

FINANCIAL INSTITUTION:

Farmers & Merchants Bank of Central California

ADDRESS: (NO. AND STREET)

Pine at Church Streets

AREA CODE/PHONE NUMBER

(209) 334-1101

CITY

Lodi, CA 95241

STATE

ZIP CODE

ACCOUNT NUMBER

00-167606-00

DATE OPENED

7/20/92

III Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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CITY AND STATEBy _____
SIGNATURE OF CANDIDATE

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